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HOW TO VACCINATE.

*"Cito, Tute, et Jucunde."**

[Communicated for the Boston Medical and Surgical Journal.]

BY HENRY A. MARTIN, M.D.

THE operation of vaccination is not of such gravity as that of amputation at the hip-joint, but the modes of performing it are fully as numerous, and I am inclined to think that the aggregate of terror and pain to the patient, and disappointment to the surgeon, are annually fully as great from the improper performance of the slight as of the severe operation, while a great many who, I doubt not, *think* that they could execute the latter with all the brilliancy of a Larrey, do the former quite awkwardly and unsuccessfully. The following is warmly recommended as the most expeditious, economical, surest and least painful method of performing this little operation, so trifling, and yet so vastly important:—Make, with the point of a clean lancet, some groups of transverse scratches, or, rather, very delicate incisions. The number of these will vary according as few or many vesicles are considered necessary. The length of the individual scratches will determine, of course, the size of the resulting vesicle, and, to some degree, the soreness of the arm.

The incisions should be so slight as barely to result in the faintest possible exudation of blood, and *that* only after the lapse of a second or two; but, if a greater flow of blood *does* ensue, the operation will be no less certain in its results, although a little neatness will have been needlessly sacrificed. To that group of scratches from which blood first exudes, the charged point of a quill is to be applied; the lymph thereon will be immediately absorbed; the par-

* The opinions expressed in this communication, whatever may be thought to be their value, have not been formed precipitately, but are the result of long-continued, extensive, and, perhaps I may be permitted to say, not unimproved experience. I have fully and faithfully tried every method of vaccinating, with the exception of a few absurdities, such as the plan of removing a patch of epidermis by blistering, and applying the virus to the exposed rete mucosum, which belong to the infamy of the subject, and have, of course, been long ago universally consigned to oblivion.

ticle of blood with the lymph in solution is to be then taken up on the point of the quill, applied to, smeared over, and pressed into the other scratches, in succession, two or three times. The usual precautions as to allowing the blood to dry on the scratches, &c., are unnecessary; indeed, as a matter of neatness, I usually wipe it away with the moist corner of a napkin or rag, before leaving the patient. The advantages of this method of vaccination are, that, so far from being *painful*, it is, if properly performed, absolutely pleasurable, producing a slightly tickling sensation. It is very *certain*, on account of the great number of points at which the virus is brought into contact with the abraded cutis, and it can be performed with the utmost celerity, a consideration sometimes of no small importance. It may serve to illustrate this last point to state that I have made sixty-three re-vaccinations of three groups of scratches each; dictated a record of the age of the patient, number and date of previous vaccinations and appearance of scar, all within forty-two minutes, and this including several short interruptions. I never vaccinate *now* in any other way; never use more than one quill for each vaccination; make at least four groups of scratches, and not only do not fail once in seventy cases, but hardly ever am disappointed in producing every vesicle which I desire.

When the dissolved scab or fluid lymph is employed, it is to be applied on the point of the lancet, precisely as the dissolved lymph on the point of the quill. It is earnestly recommended that quills be used as soon as practicable after their being charged, and during the time between their being taken and their use that they be kept from the light, and, above all things, in a cool, dry place. I am sure that a warm, moist waistcoat pocket has frustrated the hopes of many a vaccinator. Charged quills *may* be successfully used after being kept months in a dry atmosphere at 40° , and as certainly *may* be *constantly* rendered useless in a moist one of 80° . It is also very earnestly recommended that quills be never charged, except from a *perfect* vesicle, before the expiration of the eighth day. Vaccination with matter taken from a good "arm" after that time *may* produce the perfect disease, but it is apt to fail in doing so, and very likely to result in one of those imperfect forms which are not at all, or only partially protective, and which have thrown a discredit on vaccination which should only have fallen on those who have ignorantly or carelessly neglected the express and frequently-repeated directions of its immortal discoverer.

The trifling points which might be considered original in the method above suggested are hardly worth mention, and no such claim is made for them. Vaccinating on slight scratches or incisions was, I believe, first suggested, in 1802, by Bryce, in his excellent work on the Cowpox, and an apology may perhaps seem to be demanded for saying anything at all on a subject which was so long ago written upon so well, but letters almost daily re-

ceived by me from every part of the country, requesting information, convince me that vaccination is one of those numerous subjects about which everybody is supposed to know everything, but in regard to which *really* a good many still need instruction.

Roxbury, March 2d, 1860.

RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE.

[Translated for the Bos. Med. and Surg. Journal, by WM. REED, M.D.—Continued from p. 17.]

IN the other mammiferæ, the erectile formations which I have just shown to be so developed in the human female, are in a rudimentary state or entirely wanting. In the slut, the body of the ovary is well developed and almost equal the size of that gland; but, except, however, that its arteries curl themselves into very perfect spirals, and that an injection of the veins almost completely colors its walls, the uterus presents no vascular mass relatively of sufficient size to make it a true erectile organ. In its highest degree of development, it scarcely corresponds to anything except the rudimentary state of the corpus spongiosum of the uterus of a human fœtus at birth. Among the ruminantia it is at the cotyledons only that we observe, during pregnancy, little nuclei of vascular formations, which are, as it were, the diminutives of the corpus spongiosum of the uterus in the woman; these, however, during pregnancy, perform an important part in the formation of the uterine placenta.

There are, in the internal generative system of the human female, no other erectile organs than those the existence of which I have demonstrated. It is entirely without reason that an erectile property has been assigned to the Fallopian tube; its arteries, perhaps, describe curves, and even form circles here and there, but the capillaries and veins are exceedingly minute, though very closely reticulated, and the whole, identical with the cornua of the uterus in mammiferæ, is only a faint imitation of the neighboring erectile formations. I have never, in the most complete injections, seen the Fallopian tube change either in form or volume, or execute any movements; far different in this, as I will now show, are the true erectile organs.

Neither do the walls of the vagina show any more evidence, in their structure, of that which characterizes true erectile organs. Their arteries are not even convoluted, and as to their other vessels, I know not by what strange exaggeration Kobelt, in every other respect so exact, could have seen in the very fine sub-mucous network, the thick vascular bed which he has figured *a little large*, as he himself avows, however; there is nothing in the walls of the vagina which we can consider as erectile, unless it is the plexus of large veins which run along its lateral portions, and the plexus sometimes annular, which surrounds the anterior portion only of

the passage: these vessels, interlaced in the network of longitudinal and oblique muscular fibres (see my researches on the type of the genital organs, &c., Thesis of Paris, 1855), constitute the only vascular mass capable of manifesting appreciable changes of form and size, simultaneously with the erectile organ with which it communicates.

I will now give the greatest experimental proof of the existence of the erectile tissue which I have just described; I speak of artificial erection, accompanied by phenomena similar to what is universally observed in the organs of copulation.

In the human female, in her normal state, and when not pregnant, the uterus and the ovaries, after death, are sunk into the cavity of the pelvis, and there, unless we free them from the intestinal mass which presses down upon them, and unless the distended bladder or rectum afford it a support, the uterus obeys every motion which is communicated to it, and when we cease to support it, it falls back and doubles up. In this condition, if, after having placed the pelvis in a hot bath, we throw in, by the ovarian veins, an injection which completely fills the corpus spongiosum of the ovary and the uterus, we shall see in the clearest manner, that at the moment when the injection distends it, the body of the uterus, straightening itself in the axis of the neck, and elevating itself after a fashion, in the cavity of the pelvis, executes a movement perfectly analogous to that where the pendant portion of the penis straightens itself in the axis of the portion fixed to the pubis, and elevates itself towards the abdomen; the uterus like the penis remains in this fixed condition as long as the injection swells out the erectile tissue. This change of position is accompanied at the same time by a very marked change in form and size; the uterus becomes more convex in front, and behind particularly; its sides, before this sharply defined, round out and develop themselves in such a way, that this organ, after injection, exhibits a volume one half larger or even more, than what it was while empty; at the same time the walls of the uterine cavity separate from each other in the same way as Günther and Kobelt have demonstrated in regard to the parietes of the urethra. In the case of the ovary, analogous phenomena, although less pronounced, are nevertheless incontestable; while the Fallopian tube undergoes no change of form or size, and executes no movement of itself alone, we see the ovary raised up by the tension of the venous plexus, whilst the corpus spongiosum, which it carries as a species of receptacle, dilates itself and rises up on all sides like the bulbs of the vestibule at the moment of erection.

Arrived at this stage of my researches, after having demonstrated, in the internal organs of generation, formations arranged upon the same type as that of the organs of copulation; after having made out the characteristic changes of form, of size and position, which are connected with their state of distension or emptiness, I

thought myself authorized in affirming, as a demonstrated fact, what up to that time had been an hypothesis only, that the uterus was an erectile organ, and that the ovary also participated in the phenomena of erection.

But there remained one step more to take; to the results already obtained, it was necessary to add a corollary that could not be dispensed with; it was necessary to find out the mechanism of this new function. I did not doubt that erection, wherever it showed itself, was the consequence of the same general cause, and that the muscular bands interlaced among the vessels of the erectile formations were the essential agents of the phenomena. In the body of the uterus, the problem was solved at once.

The muscular bands there, have the same relation to the erectile venous plexus, as the trabecules of the corpora cavernosa with its sinuses; a similar cause, muscular contraction, ought, in both cases, to produce the same effect, the retention of the blood in the sinuses. But it seemed impossible to bring the corpus spongiosum of the ovary under the same rule. If its vessels were similar to those of erectile organs, the essential element of those organs, an independent muscular tissue, was no where to be seen. I did not suffer myself to be baffled by this apparent violation of the law, but bringing to this difficulty which arose, the same mode of investigation which had been of so much assistance to me in the study of the organs of copulation (see *Researches upon the type of the generative organs, &c.*), the philosophical method of investigating anatomy; I sought to find in comparative anatomy the type of the muscular system of the uterus and its appendages, convinced that the erectile formations, in some way or other a mere accident, during the evolution of the muscles, would by that be reduced to their normal conditions of existence.

In another place, while pursuing these investigations, I suggested another but not less important matter. Tested by anatomical observation and experiment, which demonstrate that the Fallopian tube is not erectile, the only plausible hypothesis fails, which has been brought forward to explain the movement by which the fimbriated extremity, which, in the human female, floats freely many centimetres distant from the ovary, can, at the menstrual period, cross over this space and embrace by its fringed edges the spot where a rupture allows the ovule to pass out. A fundamental phenomenon in the great act of generation, clearly made out by such observers as De Graaf, Baër, Wagner, &c., and moreover, necessary from reasoning *a priori*, still remains unexplained, and it must be owned, with Müller, "that we know nothing at all of the forces which concur in procuring admission for the fecundated ovules into, or their rejection from, the Fallopian tubes."

I thought the surest way to arrive at a solution of the problem was, to compare the different anatomical conditions under which the manifestation appeared, and to separate from the secondary

and variable forms, the constant organic type which governs this function. In following this course, I have proved, as has been seen, that a muscular apparatus more or less complex, but in all cases presenting the same general arrangement, regulates the expulsion of the ovum from the ovary, and its transmission into the oviduct or the Fallopian tube.

The phenomenon of ovi-deposit takes place from the same law and by the same agents, in the inferior vertebrate animals, in the mammiferæ, and in the human species; in the last class alone, the presence of vascular erectile formations in the body of the uterus causes the menstrual hemorrhage, as the secondary result of ovulation.

[To be continued.]

ON THE CONTAGIOUSNESS OF SECONDARY SYPHILIS.

BY M. GIBERT AND OTHERS.

MEDICAL men have long been divided in opinion upon the contagiousness and non-contagiousness of secondary syphilis. Clinical facts and experimental researches not a few have convinced the majority of the contagiousness of this affection; but these facts and researches have failed to carry conviction to the minds of a large party, of which Ricord is the leader. Of this party the dogma was that no syphilitic affection was contagious unless it was inoculable, and that secondary syphilis was not contagious because it was not inoculable. It is but just to M. Ricord, however, to state that he is not entirely responsible for the most positive rendering of this dogma, and that he himself always maintained a cautious reserve upon the subject. What he held was that the primary chancre was alone inoculable in a person already suffering from syphilis. It is to be remembered, also, that in experimenting upon the contagiousness of secondary syphilis he had never ventured to inoculate *healthy* individuals, and that he never distinctly asserted that inoculation would give negative results in such cases. Be this as it may, however, M. Ricord has abandoned his doctrine as to the non-contagiousness of constitutional syphilis, and the change in his opinion has been thus brought about.

On the 25th of October, 1858, a letter was addressed to the Imperial Academy of Medicine at Paris, by the Minister of Commerce, Agriculture, and Public Works, requesting an authoritative answer upon two questions: first, whether constitutional syphilis was contagious; and, secondly, whether, as regards contagion, there was a difference between constitutional syphilis as seen in infants at the breast and in adults. This letter led to the appointment of a commission consisting of MM. Velpeau, Ricord, Devergie, Depaul and Gibert, and these commissioners have reported (and their report has been adopted by the Academy without opposition of

any kind)—first, that some of the manifestations of secondary syphilis, especially condylomata, are undoubtedly contagious; and, secondly, that there is no reason to suppose that the case is different in infants at the breast and in adults.

The commissioners arrive at this conclusion after examining the clinical facts and experimental researches already on record, and after four experiments of their own, which were undertaken with great reluctance on their part. The persons experimented upon were all suffering from lupus, but free from any syphilitic taint, and these were chosen from the notion that the treatment for syphilis, if the inoculation took effect, might possibly be of service in remedying the lupus. The cases are given in detail, and as the results were very similar in the four, one will serve as an example.

On a man, whose face had been affected with lupus from childhood, a raw surface was made on the left arm by strong ammonia, and to this was applied a piece of lint soaked in purulent matter obtained from a condyloma near the anus of a person who had had a chancre fifteen months previously. The condyloma was of fifteen days' standing. Fourteen days afterwards, there was slight redness at the seat of inoculation. Four days later still, a prominent coppery-colored papule made its appearance in the same part. On the twenty-second day, this papule was much larger, and there was a slight oozing from its surface. During the week following, the oozing, after being purulent, dried up into a thin scab. On the twenty-ninth day, a gland in the corresponding axilla became enlarged. On the fifty-fifth day, the papule on the arm had become a real tubercle, with some slight ulceration in the centre, and several blotches and coppery papules had made their appearance on the trunk. During the week following, these papules became multiplied on the body, and they spread also to the extremities; many of them also changed into pustules of acne. Two or three days later, the patient was put under treatment for syphilis, and in six weeks, at the date of the report, there was still much to be done in the way of a cure.

In addition to asserting the contagiousness of secondary syphilis, the reporters have also arrived at the conclusion that there are characteristic grounds of distinction between the primary and secondary affection, but here M. Ricord is somewhat at issue with his colleagues. The conclusions arrived at, indeed, are similar to those already arrived at—that the period of incubation in the secondary affection is from eighteen to twenty days, or even longer, and that the result is first a papule and then a tubercle, which is finally converted into an ulcer covered with a crust.

Be this as it may, however, the question of the contagiousness of secondary syphilis would seem to be set at rest, for if the evidence in the affirmative had not been thoroughly conclusive, it is certain M. Ricord would not have read his recantation.—*Ranking's Abstract*, from *Comptes Rendus*, May 24th and 31st, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL
IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 13th.—*Anencephalous Fœtus*. Dr. MORLAND exhibited the specimen, which he had received from Dr. STEPHEN BALL, who presented it to the Society. The following facts relative to the mother, and to the labor, were furnished by Dr. Ball.

Mrs. M. K., during this her first pregnancy, had for several weeks suffered much from cough and pain in the right side, with general soreness of the chest, and uneasiness and pain in the abdomen. She also complained of "a burning sensation" in the stomach and bowels. She menstruated about the first of June, 1859, and considered herself pregnant since that time; and being confined on January 15th, 1860, was about $7\frac{1}{2}$ months pregnant, having carried the fœtus longer than the average time of those cases recorded in the Society's published Transactions—seven months being a very common period, and seven and a half, and six months, each, being once mentioned.

Premonitory labor-pains supervened on Friday, January 13th, 1860; and after a time, the uterine efforts became more regular, offering intervals of from 15 to 20 minutes, and increasing in frequency and severity until midnight, or a little afterwards, when the membranes broke, spontaneously, and "an immense flow of *liquor amnii* ensued." The pains were then nearly suspended, until towards the night of Saturday, January 14th, when they recommenced and increased normally, until about 9 o'clock, A.M., Sunday morning, January 15th, when the birth took place.

The presenting part is stated by Dr. Ball to have been the brow, and he at once perceived the unusual prominence of the eyes and that there was a deficiency of the skull. "The eyes," he writes, were "very full and prominent, and could be defined with as much distinctness as two bullets placed upon a plane surface." The child was still-born. The placenta was thrown off in about twenty minutes, and no undue hæmorrhage followed. The mother recovered well.

Mrs. K. is of nervous and susceptible temperament, and during her pregnancy met with several untoward circumstances. On the 4th of July, 1859, after being in Boston all day, and getting much fatigued, she went to see the fireworks. On her return she was badly jostled in the crowd, and also was exceedingly frightened by an alarm of fire which happened just at that time. She was always extremely troubled when fire-alarms were given, and was in the habit of getting out of bed at night to look out of the window, if fires occurred near her residence, which happened several times during her utero-gestation. On one of these occasions, springing out of bed, she fell and hurt herself somewhat, in addition to being very much frightened. This was in the latter part of July. In September and October, four fires occurred very near her house, one of the buildings being her father's stable. She was in a state of great terror and excitement on these occasions, and complained always of "trembling of the bowels." She said she thought the child "heard the fire-bells," for as soon as the alarms were sounded the child began to move violently. She awoke frequently at night from this cause, and asked her husband if the bells were not ringing.

In November, she suffered from fatigue and seasickness, while on a trip to and from Gloucester, in cars and steamboat. After the fourth or fifth month, she could not remain long in one position without extreme pain in the side. In November, also, she experienced a severe wrench of the body, from endeavoring to prevent falling after catching her foot in the track of one of the horse-railroads.

From an early period of her pregnancy, she frequently saw a child which had remarkably prominent eyes, and an elongated, conical head. The peculiar features in the child she vividly remembered, and constantly dwelt upon; and although very disagreeably impressed by them, she seemed possessed with a wish to see the child.

Dr. Morland added that the fœtus, a female, is thirteen inches in length; the whole vault of the cranium is wanting, and the spine is bifid at its upper part, down to a point midway between the scapulæ. The membrane covering this portion and the deficient cranial space was not disturbed when making the dissection, as the *toute ensemble* of the monster would thereby have been injured before exhibiting to the Society. The face presents the bull-frog aspect, frequently observed, in a very marked degree; the eyes being unusually prominent and staring. This was much more the case when the specimen was first received.

Nothing abnormal was discovered in the chest or abdomen, except that, as usual, in these cases, the supra-renal capsules were small, their longest diameter being about one half an inch.

The peculiar appearance of the eyes may afford some support to the doctrine of those who believe in the influence of the imagination of the mother upon the fœtus *in utero*; whilst, by others, the occurrence of this condition after the strong impression produced upon the maternal mind by the frequent sight of the child who had the prominent and staring eyes, will be deemed merely a coincidence. The connection of the two facts, however, cannot but be regarded as worthy of arresting attention. During an interesting discussion which formerly arose in this Society (see Transactions, Vol. I., p. 287, *et seq.*) several instances were mentioned, which, in view of their authenticity, and the close relation of apparent cause and effect, weigh very decidedly in favor of admitting the morbid influence of the powerfully impressed mind of a pregnant female upon the fœtus—especially when thus acted upon at an early period of gestation.

In reference to the *presentation*, which was of the brow, Dr. M. remarked that authorities have observed, that usually, in anencephalous infants, either the deficient portion of the cranium, or else some other part of the body is apt to present, rather than the sound part of the head, or the face.

FEB. 13th.—*Gall-Stones; Abscess beneath Ascending Colon.* Dr. C. E. WARE reported the following case.

A man 46 years of age, previously healthy, was suddenly attacked, while drawing on a pair of boots, with intense pain in the epigastrium, followed by tenderness. The symptoms remitted for three or four days, when another paroxysm occurred, longer and more violent than the first, and followed by intense jaundice. He again improved, but afterwards fell off again, owing, as he thought, to some error in diet, with loss of appetite and strength, but without a rigor. At this time, three weeks from his first attack, he was first seen by Dr. W., having previously been under the care of another practitioner. He

was then sitting up; he had no jaundice; a pulse of 84; a dry tongue, heavily loaded with dark-brown fur, and no pain. He very slowly lost strength, so that the end of ten days he passed part of the day in bed. He had had no febrile paroxysm; the skin was moist; the bowels costive; the dejections, either from medicine or enemata, always contained much bile, and the urine was always very deeply colored with it. He could only take a small quantity of food, consisting chiefly of beef-tea and wine, and any change in his diet was followed by distress and nausea. There was suspicion of malignant disease in the abdomen, but after repeated and careful examination, no tumor was found, nor was there ever any tenderness. He never had a rigor, nor any marked febrile paroxysm, during his whole illness. A week ago, he had soreness behind the angle of the left jaw, followed by swelling and pain of the parotid gland, and inflammation of the left tonsil, which was covered with lymph. The pulse rose to 100. On the 9th inst., he had a copious discharge of blood from the bowels, which was accompanied by faintness, and followed by much depression and a subsidence of the swelling of the parotid. There was a dribbling of blood from the rectum through the day. The pulse was then at 120, but afterwards fell to 104 and 96. He continued slowly to rally. His pulse and strength improving, and without any signs of blood from the bowels, and the bile disappearing from his urine, until the morning of the 13th, when under a sudden and copious hæmorrhage from the bowels, he died.

At the autopsy, a large number of small calculi were found in the gall-bladder, and in the common duct, which was dilated. Outside of the peritoneum, in the cellular tissue under the ascending colon, there was found pus burrowing from near the cæcum to near the angle of the colon. At about two inches above the cæcum, in one spot, there was nothing but the mucous membrane between the abscess and the inside of the colon. At about an inch and a half higher up, it had perforated the intestine, making an opening of about half an inch in diameter. From this, apparently, the hæmorrhage had taken place. A large clot was found filling the transverse colon. There was no peritonitis. The appendix, and the gall-bladder, except for the presence of gall-stones, were perfectly healthy. The other organs were all healthy.

The whole duration of this man's illness was about 8 weeks. The first attack was undoubtedly gall-stone. From the effects of that he apparently recovered in the course of a few days, except that the bile continued in abnormal degree in his discharges, and was more or less abundant in his urine. He continued, however, not to improve, but slowly to lose ground, from some very insidious cause. Malignant disease about the liver was suspected, and he was almost daily examined, especially about the hepatic and right inguinal regions. After the attack of gall-stone, he never alluded to the slightest pain or discomfort about the right side of the abdomen, except that there was a dragging sensation if he lay on the left side, which always kept him either on his back or upon his right side. He constantly bore the deepest pressure in every part of the right groin and renal region without shrinking, and without the sensation of soreness. And yet there can hardly be a doubt, from the history of the case, that the trouble in this region followed directly upon the attack of gall-stone, and was in some way dependent upon it, although at the autopsy

there was no apparent connection between the abscess and the gall-ducts or bladder.

FEB. 13th.—*Dyspnœa and Crowing Inspiration, &c., from Aneurism of the Aorta.* Dr. Bowditch showed the specimen, and reported the case, which was that of a man 42 years of age, a liquor dealer, of temperate habits, whom he saw in consultation with a physician of this city, January 5th. He learned the following facts:—About the last of September, 1859, Mr. — began to suffer severe pains in the right side of the chest; they sometimes were felt likewise in the right arm, and shooting up on the same side of the head. These last did not continue long, but the pains in the chest gradually increased, especially at night, to so great a degree that opiates were resorted to by the attending physician. As they seemed to disturb the digestion, a solution of morphia was injected under the skin, every two or three days, for several weeks. This gave great relief, so that the patient often requested that it should be administered. With these pains, or a little later, commenced a dyspnœa, augmenting gradually, and very distressing, particularly in certain positions, and at night worse than in the day. The patient said there was a "closing of the pipes," and there was slightly stridulous breathing, quite perceptible, however, at times, to bystanders, especially when he was lying down, about three weeks before Dr. B. saw him. He had had no real asthmatic attack; no palpitations or symptoms referred by the patient to the heart. He had had some tight cough, with but very little white, frothy, sputa. He had had dysphagia, but not of a serious character. Digestive functions not materially impaired.

At the time of Dr. B.'s visit, he had a pallid aspect, with a puffy appearance of the face. He was sitting up, that being the easiest posture. He walked with comparative ease about the room, to which he had been confined only three weeks. There was constant, but not very great dyspnœa, except at night, when he had generally orthopnœa. He was persuaded, as a matter of experiment, to place himself in various positions on the sofa. Lying on the left side or back, produced great increase of dyspnœa, with distress of countenance and stridulous breathing. On turning to the right side, he became immediately easier; lying fully over on the front of the body, he was relieved instantly. The pulse in the right radial artery was rather less than in the left, and appeared at times rather *delayed*, *i. e.*, the two were not exactly synchronous; when lying on his back, or on either side, the right became very feeble.

On examination of the chest, *no local prominence* was seen, but an evident, *deep-seated pulsation* was felt just above the position of the aortic valves, and a strong *saw-mill* sound was heard, its maximum being at the top of the sternum. No valvular murmur, except from transmission of that above described. Impulse of heart normal. The same murmur was heard all over the back, less than in front; least in the lower half. The respiratory murmur was not altered, except that it was a little less over the cardiac space; nor was it clearly heard, though a little rough, in any part. Behind, it was obscure. On percussion, slightly enlarged dulness was found over the cardiac space, but the sound was tympanitic generally in front, and not peculiar behind.

Dr. Bowditch said that the case was difficult of diagnosis. It was suggestive of aneurism of the arch of the aorta, but there was no pro-

jection on the surface of the chest, no dulness on percussion; on the contrary, save some dulness and less sonorousness over the heart, there was universally rather tympanites than dulness. The deep-seated impulse, the *saw-mill* murmur, with absence of any distinct rational, or marked physical signs of cardiac disease, especially when taken in connection with the other rational signs of thoracic disease, pointed either to an aneurism or some tumor in the mediastinum. But the rational signs could be best explained on the hypothesis of a small aneurism of the arch of the aorta, compressing slightly the trachea and œsophagus, interfering with the laryngeal nerves, and slightly with the circulation through the anterior innominate. These signs were pains about the right side of the chest, a gradually increasing dyspnoea with crowing inspiration, much augmented by lying on one side, and almost instantly relieved by change of posture; the lessening of the pulse of the right wrist under the same circumstances, and, finally, the dysphagia. The supposition of a tumor in the mediastinum did not afford so ready an explanation of these phenomena.

A merely palliative treatment, of opiates, &c., was ordered. The symptoms gradually increased to a terrible degree. The dyspnoea became intense, the crowing inspiration constant, with the greatest dysphagia. A constantly erect posture, or one partially inclined forward, were the sole positions possible. He had some cough, but not violent. A few days before his death, which took place January 26th, he had slight delirium.

Autopsy, Jan. 28th, at 8, A.M. No emaciation; skin of a sallow hue; tympanites of breasts. On raising the sternum, nothing unusual was seen, except, perhaps, rather a larger space between the edges of the lungs than is usual; these organs *looked* healthy. Slight, old adhesions of the pericardium near the aorta, and the heart was perhaps a little larger than usual. The valves were healthy. The heart contained large coagula, one of which, in the left ventricle, extended in a thin fibrinous mass into the arch of the aorta. This coagulum in the arch was flattened, and about the eighth of an inch thick in the centre; it was about two and a half inches in diameter, gradually thinning towards its edges, where it was as thin as the thinnest paper. It was adherent by old, delicate bands to the lining membrane of the vessel. A thin fibril from it communicated with a small clot in the arteria innominate. All these coagula had evidently been formed a long time before death, as they were firm, of a pale color, and without a trace of dark blood about them. The arch of the aorta was dilated to double its normal calibre, and its whole interior was in an atheromatous condition; but the lining membrane was unbroken; there was no pouch. The rima glottidis was normal, and did not present the usual straight sides, but rather the aspect of a hole, admitting the end of the forefinger. The trachea was of an intense scarlet hue, and a few superficial ulcers were seen, nearly opposite where the aneurism had pressed it. The bronchi were also of the same hue; they contained much purulent secretion. The lungs were in many parts of the lower lobes inflamed and solidified, and purulent matter exuded from them, evidently of recent origin. There were no tubercles. The organs of the abdomen seemed well, the kidneys only being a little congested.

Dr. Bowditch remarked that the autopsy had confirmed the diagnosis, and he regarded the case as of peculiar interest, from the fact of

the very severe rational, and peculiar physical signs connected with so small a dilatation. The crowing inspiration had been an important element in the decision, he having met with that symptom a few years since, on which occasion he had suspected disease of the larynx, and had actually applied a solution of nitrate of silver to the part, for the purpose of relieving the patient. The patient, however, died, and an unsuspected aneurism had been found. The symptom had been noticed by others, but it was liable to mislead, unless care were taken.

FEB. 13th.—*Palate Bone expelled from the Air-passages.*—Dr. BOWDITCH showed a *palate-bone* which had been coughed up by a patient, a man about 20 years old, under the care of another physician, who related the facts to Dr. B. Eighteen months ago he had ulceration about the palate, whether of a syphilitic character or not was uncertain, and the bones were exposed. They gradually loosened, and one morning on awakening he touched them with his tongue, and found them very moveable. Suddenly one of them detached itself, and slipped into the larynx. This was followed by cough, which lasted until about six weeks ago, when he coughed up the two small pieces of bone shown to the Society. They are each about half an inch long, and when coughed up were in one long piece, which was enveloped in pus, and of a very offensive odor. During the long period named, the patient was not aware of his having the bone in the lungs. He had had a constant irritating bronchitis, marked by mucous râles in one lung, and last autumn, about a year after the accident, he had a severe attack of pneumonia of the other lung, marked by bronchial respiration, &c. Of this last he recovered in a few weeks, and afterwards, as before, he was able to work, notwithstanding his harassing and peculiarly loud and loose cough. Since spitting up the bone, the latter has wholly left him, and he remains in perfect health.

FEB. 27th.—*Addison's Disease of the Supra-Renal Capsules.* Dr. BOWDITCH presented the following case, and the specimen, which he had received by the kindness of one of the present medical class, a pupil of Dr. Gage, of Concord, N. H.

"Mrs. A. D., of Concord, aged 31 years, short in stature, and stoutly built, had been under the care of Dr. Gage for about a year past, with debility and bronzed skin as prominent among other anomalous ailments. There was a manifest disorder of the urinary secretion; and the skin exhibited the bronze tinge nearly as far as the margin of the hair, where it terminated, leaving a narrow white line between the two. There had been a number of exacerbations, prominent as a characteristic of which was indigestion. She had been taking the iodide of potassium, in the compound decoction of sarsaparilla, during nearly the whole time.

"In the month of August, 1859, she experienced one of the aforesaid exacerbations, and, during recovery from it, contrary to the admonitions of her friends, she ate immoderately of green corn, water-melons, and other unripe vegetables. She immediately relapsed into a very alarming state of prostration and high gastro-enteric irritation, from which she rapidly sank, and expired, August 21st.

"*Autopsy*, 40 hours after death. The skin was bronzed over the whole surface, to within a line of the margin of the hair, where it was white. A number of cicatrices existed in the right hypogastric region. The kidneys were rather small. The supra-renal capsules were both great-

ly enlarged, the left somewhat larger than the right. On cutting them open, the stroma was found firm in texture, and thickly studded with masses of heterological deposit, varying in size from that of a pigeon-shot to that of a chestnut, irregular in shape, and resembling tubercles. Viewed under the microscope, these deposits presented a granular appearance similar to that of foetal articular cartilage. The other organs presented nothing remarkable."

Bibliographical Notices.

Fourth Annual Report of the Trustees of the State Lunatic Hospital at Northampton. October, 1859. Boston: William White, Printer to the State. 1859. Pp. 26.

THIS report shows the "Third Hospital for the Insane" to be in excellent condition and well cared for within and without. Since its opening, 321 persons have been received as patients. Sixty-one of these have been discharged during the past year, and 19 have died. Chronic disease, however, was the agency which destroyed these persons, and there is no reason to suppose "any cause of disease existing in or about the hospital." In fact, there has scarcely been any other disease noticed, and the evident great care which has been taken to insure immunity from every cause of illness, so far as is possible, reflects great credit upon all those connected with the supervision and management of the institution. Upon this point, and in relation to the liberty and amusement secured to the inmates of the Hospital, we would extract the following from the report of the Trustees:—

"The Trustees are happy in the belief that the hospital has a most healthy location, and that everything is done to secure the good condition of the patients in this respect. They have always been well pleased to observe the cleanliness maintained in every department, and the sweetness and purity of the air in the corridors and sleeping-rooms, believing that the health, and also the good order which prevail are to a considerable degree to be attributed to this cause. The quiet and orderly deportment of the patients is no doubt also owing largely to the mild and rational treatment they receive. There have been, so far, no straps or other apparatus used in the treatment of any patient, excepting in two cases where it was necessary for a while to confine the hands for the purpose of keeping in place some surgical appliances. It is also gratifying to know that no patient is allowed to pine in solitary confinement for that sympathy which his disease peculiarly entitles him to receive. There is no patient in the house who does not have the benefit of exercise in the open air in pleasant walks or rides in suitable weather, and the Trustees believe no effort is spared to relieve the tedious monotony of confinement. The deprivation of liberty to which these unfortunate persons are necessarily subjected, is in itself so great an affliction as to require the most constant exercise of humanity and benevolence to invent and carry out plans and means for its alleviation.

"A hospital without any provision for the out-door exercise of the patients would be regarded as incomplete in its appointments, and such a want could not fail to be felt disadvantageously. Therefore the farm connected with this institution is highly valued, not only because of the crops of hay and vegetables, which are already of considerable importance and value, but because it affords the best and most healthful form of exercise for many of the patients."

The Superintendent and Physician of the Hospital, Dr. W. H. Prince, presents his Second Annual Report, which is printed in con-

junction with that of the Trustees. On the appearance of the first report, a year since, we had the pleasure of noticing it at considerable length, and of expressing our extreme gratification at all we learned therefrom respecting the Hospital. A particular account of the construction of the building, and of its arrangement, very properly occupied a large portion of that report, and we were glad at that time to have had an opportunity personally to examine the premises.

The present report is an able and well-written document, and informs us of the prosperity of the Institution and its excellent adaptation to the purposes for which it was constructed. The management of the patients seems to have been all that can be desired; and we consider the Hospital an honor to the State, and that its officers merit all praise for the efficient and faithful manner in which they have discharged their functions.

There are certain portions of Dr. Prince's report which are so excellent and so full of truth, that we yield to the temptation to extract several paragraphs for the benefit of our readers. We wish that these sentiments could be widely known in the community, and that the important warnings conveyed by them might be duly heeded. The importance of *amusement and exercise* for the sane, is as evident as Dr. Prince proves it to be for the insane. Let us hear him:—

"The importance of innocent amusement of every kind in the treatment of the insane is everywhere felt, and all possible means of relieving the monotony of hospital life, which are innocent and not too exciting, are welcome. To this end, books, pictures, games of different kinds, music, dancing, and various exhibitions, all conduce. Nothing would furnish our male patients with a more suitable and useful amusement than a bowling alley, and it is hoped the means for building one may be obtained at no distant day.

"Regular daily occupation of a useful kind will always continue, however, to furnish to those capable of it more real benefit than any mere amusement. Many of the female patients find constant employment in knitting, and in making and repairing garments in the sewing-room. Others, both male and female, are occupied about the laundry and kitchen, the dining rooms, halls and passages, and find at the same time health and recreation, besides rendering really valuable assistance. A large number of the men are regularly employed on the farm and grounds. In fact, a large share of the labor is performed by them. It is one of the principal advantages of the farm to the institution that it affords the means of healthful occupation to so large a number who would otherwise be obliged to pass a great part of every day in the halls. The value of this regular daily exercise out of doors can hardly be overrated. Without it, it is difficult to secure or maintain health of body or mind.

"Prominent among the causes of insanity are many forms of deranged functions which appear in the "tables" under the common designation of "ill health." These cases are, to a certain extent, due to long-continued violations of the common laws of health, especially to the neglect of active out-of-door exercise. Sedentary habits and employments to which females give themselves up, or to which they are forced by circumstances, by depriving their muscles of the necessary amount of exercise, disturb the balance between the muscular and nervous systems, and lay the foundations of those disordered states of the system, which, in many cases, eventually result in a morbid condition of the mind.

"The seeds of the disease, too, are often sown in the earlier years of life, by that vicious system of education which stimulates the growing and susceptible brain beyond its healthy action, and at the same time by long confinement in overheated and crowded school-rooms, deprives the young sufferers, during so many hours of the day, of the pure, healthful atmosphere, of which, at that tender age, they stand so much in need. Many a child passes six hours of the day in a close and overheated room, the atmosphere of which is loaded with materials most deleterious to health. They leave the room jaded and depressed by the in-

fluences to which they have been subjected, not even now to refresh themselves by invigorating sports and healthful exercises, but to prepare at home the task for to-morrow, and this done, to retire, too often, for an uneasy and unrefreshing night's sleep to an apartment from which the pure air is studiously excluded, and in which the foul product of respiration is as carefully retained. The child passes on to adult age with a constitution already enfeebled by his previous habits. With an absorbing interest in and devotion to the cares and excitements of business, he enters on some one, or many in succession, of the various commercial speculations of the day, or on the no less exciting struggle for professional or political distinction. Without regard to the effect of such a course upon the health, with no thought of rest or relaxation, or perhaps seeking relief and amusement in questionable or even vicious indulgences, he rushes on till the overtaxed powers fail, nature asserts the supremacy of her laws, and the sufferer pays the penalty of an unsound mind in an unsound body.

"Females, it is true, after the period of childhood, are not exposed to the same causes of deranged health, nor to the same strong mental stimulus. Many of the habits and customs, however, of our advancing civilization, are not merely unfavorable to the acquisition and preservation of a desirable soundness and vigor of constitution, but are directly instrumental in producing various forms of nervous derangement, which not unfrequently terminate in confirmed mental disease."

W. W. M.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 22, 1860.

MEMORIAL TO JOHN HUNTER.—We beg leave most cordially to recommend to the profession of the State the communication in this number of the JOURNAL on the above subject, from a Committee appointed by the Councillors of the Massachusetts Medical Society at their last meeting. In order to a more full understanding of the topic, we state the following facts.

About a year since, an order in council was passed by the British Government to "close up the vaults and catacombs under the Church of St.-Martin's-in-the-Fields." Fortunately for the memory of Mr. Hunter, Mr. Frank T. Buckland remembered that the body of John Hunter had been laid therein. Accordingly, on February 22d, 1859, he sought for it and found the coffin "in excellent preservation," with a brass plate upon it,* bearing Mr. Hunter's arms and the following inscription:—

JOHN HUNTER,
ESQ.
DIED 16TH OCT^R,
1793,
AGED 64 YEARS.

This discovery excited great interest in the minds of the medical profession of England, and it was finally decided by the Royal College of Surgeons to obtain liberty to re-inter the remains in Westminster Abbey, "among the great and good, if that could be done."

* A "rubbing" of this plate was presented, not long since, to the Boston Society for Medical Improvement.

The Dean and Chapter of Westminster cordially acceded to the request in a reply couched in language like the following :—" We shall be proud to be the guardians there of the ashes of so great a man."

Under these propitious circumstances, the body was removed to the Abbey, March 26th, in the presence of the Medical Profession of London and the adjacent country ; it was placed, with appropriate services, in a spot near " rare Ben Jonson's " grave. We have understood, from a physician who was present at the time of the funeral, that the anthem chosen for the evening service was peculiarly grand and impressive, as its sounds re-echoed from aisle to aisle of that noble old cathedral, " When the ear heard him it bore witness to him." The remains were lowered into their final resting-place " while the pealing organ poured forth Handel's grand and sublime chorus, well suited to the memorable occasion,

' His body is buried in peace, but his name, it liveth evermore.'"

These events naturally suggested the erection of a monument to the memory of John Hunter. The profession throughout England have cordially taken up the subject. The question now is, whether the profession of America will aid in this pious work. It is proposed, as will be seen by the programme of the Committee, to appeal to the physicians of Massachusetts. Very appropriately, we think, they suggest a very small sum (\$1.00) for each person. We sincerely hope for their success, and that the name of every regularly educated physician will be placed on the subscription list, which it appears is finally to be deposited in the library of the College of Surgeons, near the museum founded by the great man, whose name every physician of the Anglo-Saxon race must ever delight to honor.

HOMŒOPATHY NOT RECOGNIZED IN EUROPE.—It is not our intention to discuss, in these pages, homœopathy or any other form of charlatanism, but we introduce the following official statements upon a point, about which there has been, at least, great misunderstanding. It has been announced, that homœopathy is taught in the foreign medical schools and sustained by government influence. We refer those interested in the matter to the subjoined correspondence, which we take from the *St. Louis Medical and Surgical Journal*.

"The following correspondence, which sufficiently explains itself, has been furnished us by Dr. E. F. Smith, the efficient health officer of this city :

" *Messrs. Editors*,—It will be remembered by the readers of your journal, that in May, 1858, the homœopathists of this city petitioned the City Council of St. Louis to permit a portion of the City Hospital to be set apart for the alleged purpose of testing the so-called merit of homœopathy ; the real incentive, as we know, of their petition being, that its allowance might magnify the humbug into some professional consequence. Among the arguments they used in support of their petition, was the assertion that homœopathy was sanctioned by the crowned heads and nobility of Europe, and that European governments recognized it by permitting its teaching and practice in their hospitals. The falsity of this assertion was known to every one conversant with the state of medical affairs in Europe ; but that it might receive its emphatic contradiction from an official source, I addressed myself to the American Ministers resident at Vienna and Berlin, and to the Minister of Public Instruction of France, asking from the proper department of these governments a reply to the following questions :

" 1. Is the teaching of homœopathy authorized or permitted in any of the colleges or institutions of your government ? 2. Is the practice of homœopathy

permitted in any of the public hospitals of your government? 3. Is the private practice of homœopathy sanctioned in your government?

"In reply, I received the following letters, which, as they will prove of interest to the profession, I give you for publication:

"LEGATION OF THE UNITED STATES,

Vienna, July 19, 1858.

"Sir,—In the absence of Mr. R. H. Jackson, Minister Resident of the United States at Vienna, I have the honor, in compliance with the request contained in your letter of May 14th, to transmit the following translation of a communication just received from the Austrian Minister of Foreign Affairs:

"VIENNA, July 10, 1858.

"In his esteemed note of the 21st ultimo, the Minister Resident of the United States, Mr. Jackson, requested the mediation of the Ministry of Foreign Affairs to obtain a declaration from competent authority on these points: 1. Is the teaching of homœopathy authorized or permitted in any of the colleges or institutions of Austria? 2. Is the practice of homœopathy permitted in the public hospitals of Austria? 3. Is the private practice of homœopathy sanctioned in Austria?

"The Imperial Ministry of the Interior, which was applied to, as it has charge of all medical and sanitary affairs in the Empire, has returned answer—to 1st, that in Austria homœopathy is taught not by publicly appointed professors, but only by private teachers; to 2d, that this mode of cure is practised, not in public hospitals, but only in cloister, criminal and private hospitals; to 3d, that the private practice of homœopathy is permitted to every physician who has a diploma.

"In the hope that the above will answer the wishes of the Honorable Minister Resident, the undersigned renews to him the assurance of his perfect consideration.

[Signed]

COUNT BUOL, *Minister of Foreign Affairs.*

"As these declarations come from the highest official source, I presume they will satisfy the object of your inquiries.

"Very respectfully, your obedient servant.

G. W. LIPPITT, *Secretary of Legation.*

"To E. F. SMITH, M.D., St. Louis.

"Sir,—In reply to your letter of the 5th instant, in which your Excellency asks information upon the instruction and practice of homœopathy, I have the honor to inform your Excellency that homœopathy in Prussia is not admitted into the universities nor hospitals, nor in any other public institutions. Physicians are allowed, if they please, to exercise homœopathy in private practice.

"Returning to your Excellency, the letter of Dr. E. F. Smith, of St. Louis, I beg you to accept the opinions of my very high consideration.

"Berlin, April 15, 1858.

[Signed]

RAUMER.

"His Excellency, Mr. J. A. WRIGHT, Envoy Extraordinary and Minister Plenipotentiary of the United States.

PARIS, April 22, 1858.

"Sir,—I take cognizance of the letter which you have written me, demanding of me information upon the subject of the teaching of homœopathy in the faculty of medicine of the Empire.

"The exercise of homœopathy is not legally authorized in France. My administration has not authorized me to exercise any measure having reference to the teaching of homœopathy.

"Receive, Sir, the assurance, &c., The Minister of Public Instruction,

ROULAND.

"Dr E. F. SMITH, St. Louis, Mo.

"These letters speak for themselves. Coming, as they do, from the highest official sources of Austria, Prussia and France, they palpably show that this humbug not only meets with no favor from the scientific departments of those governments, but is completely discountenanced by them.

Respectfully,

E. F. SMITH.

AMPUTATION OF A SHORTENED LEG, AND SUBSTITUTION OF AN ARTIFICIAL ONE.—The following statement from the gentleman whose sound leg was amputated in order to have the celebrated Palmer leg applied, will be read with inte-

rest, as showing the progress of surgical mechanism. Dr. Gay remarks, in a note in reference to this case, that it was an unusual one, and that his advice in regard to the amputation was given after much deliberation as to the comparative results, and after giving the patient the benefit of the consultation of the Hospital surgeons. The result, he adds, has been very good.

"Messrs. Palmer & Co : Gentlemen,—Much surprise was felt by my friends and the community generally, when the statement was made that I had submitted to the amputation of a SOUND leg in order to be supplied with a 'Palmer Artificial Leg.' Strange as the announcement seemed, it was literally true. For twenty-seven years I had plodded with a crutch, in consequence of a *shortened* leg. Witnessing the almost marvellous operation of your substitutes, I concluded to submit to amputation, which was successfully performed in July last. As soon as I had recovered, you applied one of your artificial limbs, and so perfect was its operation that I walked immediately, with the help of a single cane, and am now restored. I can walk five miles without experiencing more than ordinary fatigue, and am now attending to the duties of my profession with as much comfort and ease as those having the natural facilities for locomotion. It was a bold adventure, but the result has more than realized my highest anticipations. The appearance of the leg is such as to deceive the most observant, and its operation second only to nature itself. In thus giving my testimony to the unrivalled excellence of your mechanism, I feel that I am but discharging a portion of that debt of gratitude which I can hardly hope to cancel in full.

Boston, Dec. 14, 1859.

Respectfully,

R. W. REYNOLDS."

THE HUNTER MEMORIAL. Messrs. Editors,—At a stated meeting of the Councilors of the Massachusetts Medical Society, held February 1, 1860, the undersigned were appointed a committee on the following preamble and resolutions :—

Whereas, it appears that the medical profession of Great Britain is about to erect a monument in Westminster Abbey, to the memory of John Hunter, and whereas the memory of such a man ought to be held in high reverence by American physicians ; and, as we believe that a co-operation with Englishmen in such a cause is right, and will tend to promote kindly feelings between the medical professions of England and America—thus really elevating both, therefore,

Resolved, that a committee be appointed to consider whether the Massachusetts Medical Society can do anything to assist towards the erection of said monument.

Resolved, that if, upon mature deliberation, it be deemed best to take any action, said committee have full powers to submit a plan of subscription for the purpose, and take any other action deemed necessary.

The committee met, and decided :—

1. To add to its number the President of each of the District Societies, or some one else who would take interest enough in the subscription to be willing to present the subject to the members of said Society.

2. That it is expedient to attempt to get a subscription of one dollar from all regularly educated physicians in the State.

3. To have books prepared of uniform size and ruling, to contain the signatures of all subscribers, which, on being returned to the Committee in Boston (with the amount so subscribed), should be bound either in a volume by themselves, or if a similar plan should be adopted by the American Medical Association, they should form a part of a more National Volume of Autographs, and be sent to the Hunterian Museum in London.

4. Voted, all money collected and books signed, must be returned to the Committee in Boston, on or before the next meeting of the Councilors in May.

The reason for naming so small a sum, is to obtain a *general* subscription, in order to show that the profession of Massachusetts duly appreciates the genius of John Hunter.

It has been thought that it might be grateful to the minds of many to enrol their names for such a purpose in what will eventually be in the archives of the noble museum founded by that great man, and now by the grant of the Parliament of Great Britain under the care of the Royal College of Surgeons of London.

The subject will probably be presented by the President or Secretary of each District Society to the different members thereof. The undersigned trust that a general response will be made to the appeal by the profession of Massachusetts.

(Signed) HENRY I. BOWDITCH,
GEO. C. SHATTUCK,
HENRY J. BIGELOW,
ALFRED HITCHCOCK,
MORRILL WYMAN.

BRISTOL NORTH DISTRICT (MASS.) MEDICAL SOCIETY.—The Annual Meeting of this Society was held in Taunton on Wednesday, March 14th, the President, Dr. Benoni Carpenter, in the chair. After the adoption of the usual reports, it was voted to proceed to the election of officers for the ensuing year. The following gentlemen were elected:—*President*, Dr. Charles Howe, of Raynham; *Vice President*, Dr. John R. Bronson, of Attleboro'; *Secretary and Treasurer*, Dr. Thomas G. Nichols, of Freetown; *Librarians*, Drs. Thaddeus Phelps, of Attleboro', and J. B. Chace, of Taunton; *Censors*, Drs. Johnson Gardner, of Pawtucket, Joseph Murphy, of Taunton, J. D. Nichols, of Taunton; *Councillors*, Drs. J. Gardner, B. Carpenter, Thaddeus Phelps, Charles Talbot; *for Delegates to the National Medical Convention*, Drs. J. R. Bronson, Charles Howe, Joseph Murphy, J. Gardner; *Commissioner on Trials*, Dr. Benoni Carpenter, of Attleboro'. Interesting professional papers were read by Dr. Murphy and others of the Society.

DR. HORACE GREEN has resigned his chair in the New York Medical College. —At the late commencement of the Pennsylvania University there were one hundred and seventy-three graduates, including ninety-nine Southerners.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 17th, 1860.

DEATHS.				Males.	Females.	Total.
Deaths during the week,				33	35	68
Average Mortality of the corresponding weeks of the ten years, 1850-1860,				35.7	40.0	75.7
Average corrected to increased population,	86.4
Deaths of persons above 90,
<i>Mortality from Prevailing Diseases.</i>						
Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.	
17	3	4	2	1	5	

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	30.018	Highest point of Thermometer,	56
Highest point of Barometer,	30.488	Lowest point of Thermometer,	23
Lowest point of Barometer,	29.600	General direction of Wind,	N., slightly in excess.
Mean Temperature,	36.01	Whole am't of Rain in the week	in. 0.62

NOTICE TO CORRESPONDENTS.—"Subscriber" is referred, for the history and properties of Woorara, to the last edition of the United States Dispensary.

Communications Received.—A Successful Case of Ovariectomy.—Remarks on Smallpox, Cowpox and Varioloid.

Books and Pamphlets Received.—Food for Babies. By Wm. Henry Cumming, M.D. (From Gould & Lincoln.)—Seventeenth Registration Report of Massachusetts. 1859. (From J. Curtis, M.D.)—Valedictory Address to the Medical Graduates of Harvard University. By E. H. Clarke, M.D. (From the Class.)—The Human Voice; its Right Management in Speaking, Reading and Debating. By Rev. W. W. Cassalet, M.A., Cantab. (From Fowler & Wells, N. Y.)—Report of the Board of Trustees of the Massachusetts General Hospital for the year 1859.

DIED.—At Vernon, Vt., 2d inst., Dr. Cyrus Washburn, 86, a native of Hardwick, Mass. As Justice of the Peace, he had married eight hundred and fifty-three couples.

Deaths in Boston for the week ending Saturday noon, March 17th, 63. Males, 33—Females, 35.—Accident, 3—apoplexy, 1—abscess (uterine), 1—congestion of the brain, 1—inflammation of the brain, 1—consumption, 17—convulsions, 2—croup, 3—dysentery, 1—dropsy, 1—dropsy in the head, 6—debility, 1—puerperal disease (peritonitis), 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—hemorrhage, 2—congestion of the lungs, 1—inflammation of the lungs, 2—measles, 1—palsy, 1—scrofula, 1—smallpox, 5—teething, 1—unknown, 5—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 51—Ireland, 12—other places, 5.